## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 1015 15163                                    |  |   |  |                         |                              |                               |          |   |                        |            |                         |                        |  |
|--|--|---|--|-------------------------|------------------------------|-------------------------------|----------|---|------------------------|------------|-------------------------|------------------------|--|
|  |  | CLAIMS A                                  | S FILED -                                  |                         |                              | (Column 2)                    |          | SMALL ENTITY TYPE                       |                        | OR         | OTHER SMALL E           |                        |  |
| U.S.   | NATIONAL S   | TAGE FEES                                 | (00,000                                    | · ·/                    |                              |                               | ] [      | RATE                                    | FEE                    | ·          | RATE                    | FEE                    |  |
| BAS  | IC FEE   |   | SMALL ENT.                                 | = \$ 150                | LARG                         | SE ENT. = \$ 300              | 1        | BASIC FEE                               | 150                    | OR         | BASIC FEE               |                        |  |
| EXAMINATION FEE  |  |   | Satisfies PCT-Ar                           |                         | l .                          | her situations = 100 / \$ 200 | <b>1</b> | EXAM. FEE                               | 100                    |            | EXAM. FEE               |                        |  |
| SEA  | RCH FEE .  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | 50 / \$ 100<br>ntries = |                              | her situations = 250 / \$ 500 |          | SEARCH FEE                              | 200                    |            | SEARCH FEE              |                        |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu                                       | ıs 100 =                |                              | / 50 <del>=</del>             | ╽╽       | X \$ 125 =                              | -                      |            | X \$ 250 =              |                        |  |
| тот  | AL CHARGEAB  | BLE CLAIMS                                | mir  | nus 20 =                |                              |                               | ]        | X \$ 25 =                               |                        | OR         | X \$ 50 =               |                        |  |
| INDE   | PENDENT CL   | AIMS                                      | / m  | inus 3 =                | *                            |                               | ]        | X \$ 100 =                              |                        | OR         | X \$ 200 =              |                        |  |
| MUL  | TIPLE DEPEN  | DENT CLAIM PRI                            | ESENT                                      |                         |                              |                               |          | + \$ 180 =                              | 11/-                   | OR         | + \$ 360 =              |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                         |                              |                               |          | TOTAL                                   | 450                    | OR         | TOTAL                   |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |                         |                              |                               |          | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |            |                         |                        |  |
|  |  | CLAIMS REMAINING AFTER AMENDMENT          |  | NUM<br>PREVI            | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA              |          | RATE                                    | ADDI-<br>TIONAL<br>FEE | , <u>,</u> | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
| OMEN   | Total  | *   | Minus .                                    | **                      |                              | =                             | ] [      | X \$ 25 =                               |                        | OR         | X \$ 50 =               |                        |  |
| AMENDMENT  | Independent  | *   | Minus                                      | ***                     |                              | =                             | $]\ [$   | X \$ 100 =                              | -                      | OR.        | X \$ 200 =              |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |  |                         |                              |                               |          | + \$ 180 =                              |                        | OR         | + \$ 360 =              |                        |  |
|  |  | ·   | ·······                                    |                         |                              |                               |          | TOTAL ADDIT.<br>FEE                     |                        | OR         | TOTAL ADDIT.            |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |  |                         |                              |                               |          |   |                        |            |                         |                        |  |
| ПВ   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | NUM<br>PREVI            | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA              |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total  | *   | Minus                                      | **                      | ,                            | <b>=</b>                      | ]        | X \$ 25 =                               |                        | OR         | X \$ 50 =               |                        |  |
|  | Independent  | *   | Minus                                      | ***                     |                              | =                             | ]        | X \$ 100 =                              |                        | OR         | X \$ 200 <sub>.</sub> = |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |  |                         |                              |                               | ] [      | + \$ 180 =                              |                        | OR         | + \$ 360 =              | ·                      |  |
|  |  |   |  |                         |                              |                               |          | TOTAL ADDIT.<br>FEE                     |                        | OR         | TOTAL ADDIT.<br>FEE     |                        |  |
|  |  |   |  |                         |                              |                               |          |   |                        |            |                         | ·                      |  |
| **   | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |  |                         |                              |                               |          |   |                        |            |                         |                        |  |